

**100**

**Figure 1**

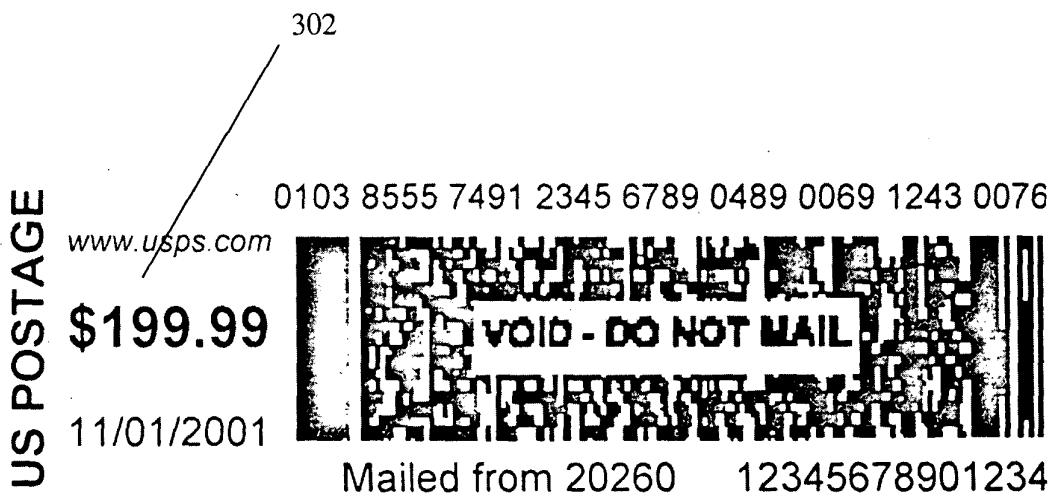
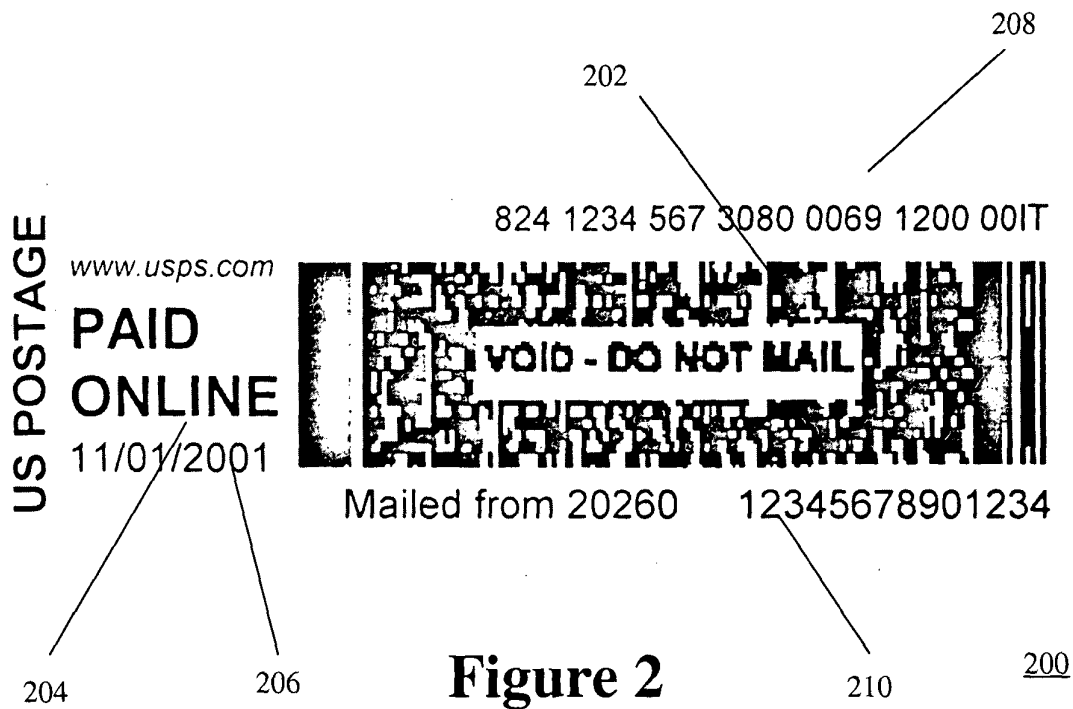
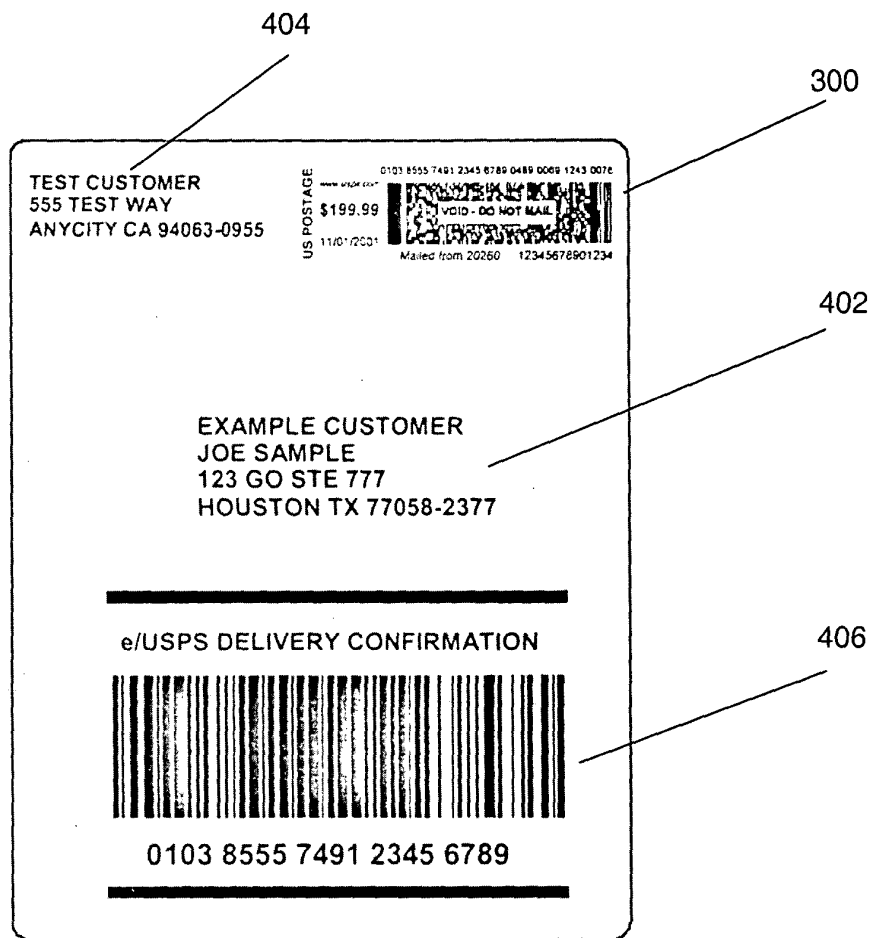



Figure 3



**Figure 4**

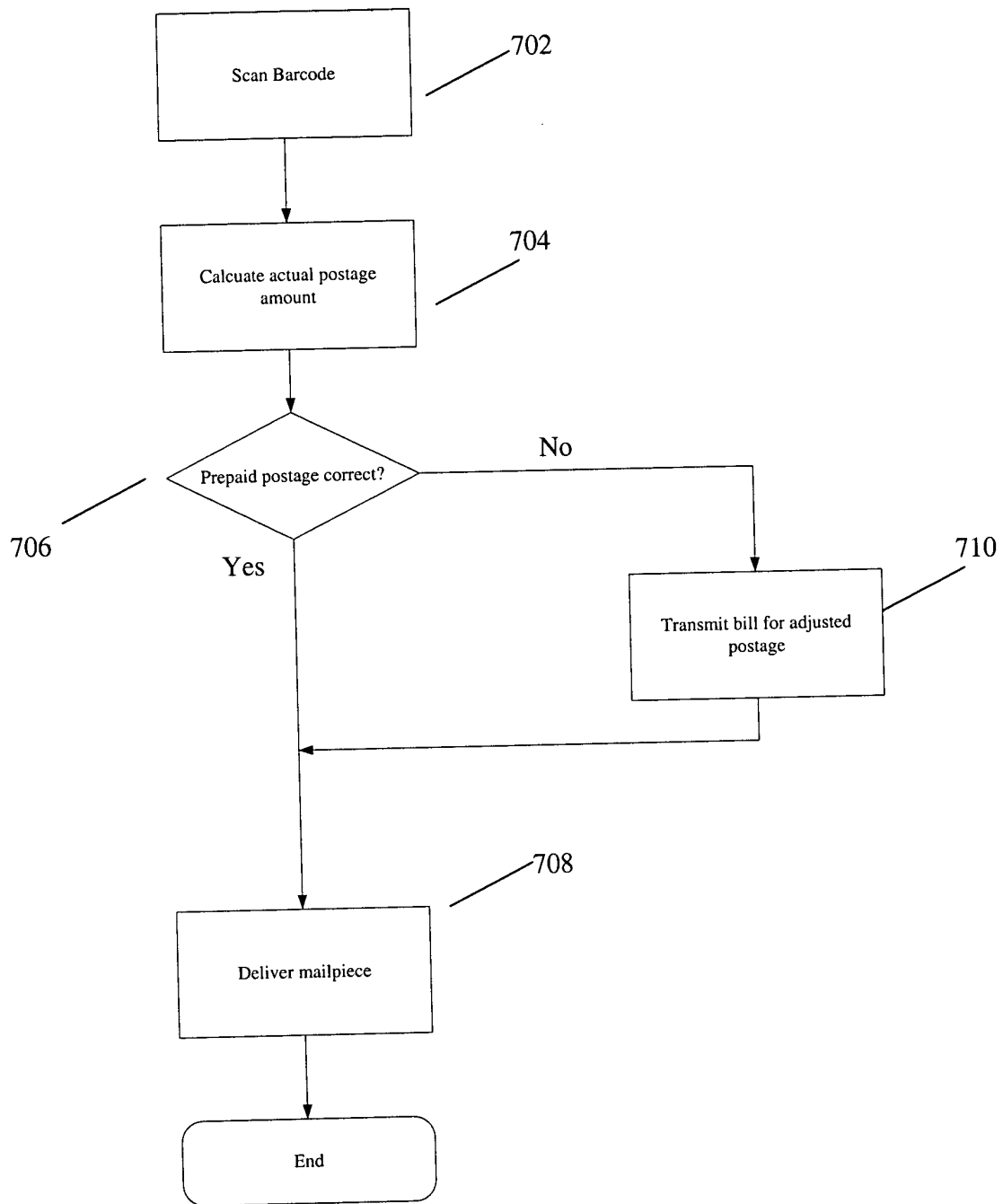
<b>P</b>	<b>US POSTAGE AND FEES PAID</b> JUL 03 2002 Mailed from ZIP 94301 1 lb Priority Mail Rate Zone 2
	 <b>VOID - DO NOT MAIL</b> endicia.com 071V00500588
<b>USPS PRIORITY MAIL®</b>	
Endicia Internet Postage 247 High Street Palo Alto CA 94301 1041	
<b>SHIP</b> John Doe <b>TO:</b> 5000 A St Sacramento, CA 95819-2223 	
<b>e/ USPS DELIVERY CONFIRM</b>  0180 5213 9071 0116 9068	
ELECTRONIC RATE APPROVED # 805213907	

502

**Figure 5**

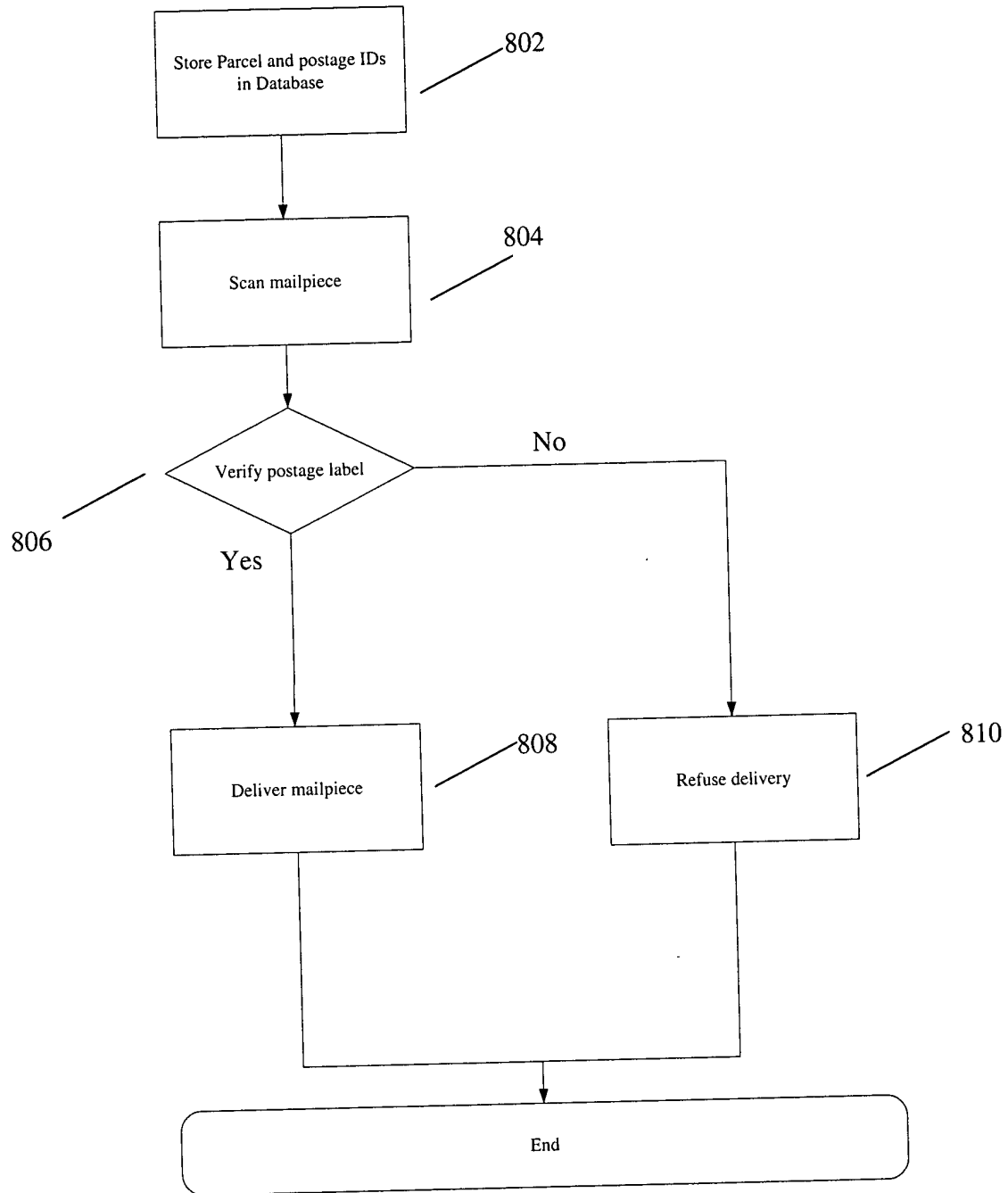
E	<p>US POSTAGE AND FEES PAID  JUL 03 2002      Mailed from ZIP 94301  8 oz Express Mail Rate Zone 6</p> <div style="text-align: center;">   VOID - DO NOT MAIL </div> <p style="font-size: 8pt;">endicia.com      071V00500588</p>						
USPS EXPRESS MAIL®							
<p>Endicia Internet Postage      (650) 321-2640  247 High St  Palo Alto, CA 94301-041</p> <p>NO DELIVERY WEEKEND OR HOLIDAY</p> <p style="margin-top: 20px;">SHIP John Smith  TO: 6500 University Dr S  Omaha, NE 68132-3428</p>							
<p style="font-weight: bold; font-size: 14pt;">USPS EXPRESS MAIL</p> <div style="text-align: center; margin: 10px 0;">  </div> <p style="font-weight: bold; font-size: 12pt;">EO 000 161 100 US</p>							
<p style="font-weight: bold; margin: 0;">POSTAL USE ONLY</p>							
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Date In</td> <td style="width: 10%;">Mo</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Year</td> <td style="width: 20%;">Time In</td> <td style="width: 30%; text-align: right;"> <input type="checkbox"/> AM  <input type="checkbox"/> PM </td> </tr> </table>		Date In	Mo	Day	Year	Time In	<input type="checkbox"/> AM <input type="checkbox"/> PM
Date In	Mo	Day	Year	Time In	<input type="checkbox"/> AM <input type="checkbox"/> PM		
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Day of Delivery</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Next</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Second</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 12 Noon</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 3 PM</td> </tr> </table>		Day of Delivery	<input type="checkbox"/> Next	<input type="checkbox"/> Second	<input type="checkbox"/> 12 Noon	<input type="checkbox"/> 3 PM	
Day of Delivery	<input type="checkbox"/> Next	<input type="checkbox"/> Second	<input type="checkbox"/> 12 Noon	<input type="checkbox"/> 3 PM			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: 1px solid black;">Return Receipt <input type="checkbox"/></td> <td style="width: 33%; border: 1px solid black;">COD <input type="checkbox"/></td> <td style="width: 33%; border: 1px solid black;">Additional Insurance <input type="checkbox"/></td> </tr> </table>		Return Receipt <input type="checkbox"/>	COD <input type="checkbox"/>	Additional Insurance <input type="checkbox"/>			
Return Receipt <input type="checkbox"/>	COD <input type="checkbox"/>	Additional Insurance <input type="checkbox"/>					

Figure 6



700

**Figure 7**



800

**Figure 8**